File 1:ERIC 1966-1995/Mar
(c) format only 1995 Knight-Ridder Info

Set Items Description
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?b 155

25mar95 12:31:24 User219549 Session B187.2
$0.12 0.004 Hrs File1
$0.12 Estimated cost File1
$0.05 SPRNTNET
$0.17 Estimated cost this search
$0.17 Estimated total session cost 0.004 Hrs.

File 155:MEDLINE(R) 1966-1995/May W3
(c) format only 1995 Knight-Ridder Info
*File 155: The annual reload is now available.

Set Items Description
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?e bacille(w)calmette(w)guerin

Ref Items Index-term
E1 2 BACILLATUS
E2 468 BACILLE
E3 0 *BACILLE(W)CALMETTE(W)GUERIN
E4 1 BACILLEFEROUS
E5 24 BACILLEMIA
E6 3 BACILLEMIC
E7 1 BACILLEN
E8 197 BACILLES
E9 6590 BACILLI
E10 4 BACILLIA
E11 2 BACILLIARY
E12 1 BACILLIC

Enter P or PAGE for more
?e calemette

Ref Items Index-term
E1 1 CALELECTRIN32
E2 1 CALELECTRIN70
E3 0 *CALEMETTE
E4 2 CALEN
E5 1 CALEN C
E6 1203 CALENDAR
E7 1 CALENDARIC
E8 16 CALENDARIO
E9 1 CALENDARIOS
E10 41 CALENDARS
E11 1 CALENDARY
E12 32 CALENDER

Enter P or PAGE for more
?e bacillus(w)calmette(w)guerin

Ref	Items	Index-term
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E2	36	BACILLUS THURINGIENSIS PROTOXIN
E3	0	*BACILLUS(W)CALMETTE(W)GUERIN
E4	2	BACILLUSCEREUS
E5	1	BACILLUSES
E6	1	BACILLUSPHAGE
E7	3	BACILLYS
E8	27	BACILO
E9	1	BACILODE
E10	2	BACILOM
E11	1	BACILONOSIC
E12	3	BACILONOSICOV

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?e calmette

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E2	1		CALMETT
E3	1591		*CALMETTE
E4	11		CALMETTE A
E5	1		CALMETTE E
E6	0	1	CALMETTE GUERIN BACILLUS VACCINE
E7	2		CALMETTE LC
E8	0	1	CALMETTE-GUERIN BACILLUS
E9	4		CALMETTES
E10	1		CALMETTISES
E11	1		CALMETTIZATION
E12	1		CALMETTLE

Enter P or PAGE for more
?s calmette/ti

S1 690 CALMETTE/TI
?s calmette and adjuvant?

1591 CALMETTE
32848 ADJUVANT?
S2 228 CALMETTE AND ADJUVANT?
?s s2 and (tumor? or cancer?)

228 S2
316760 TUMOR?
208547 CANCER?
S3 135 S2 AND (TUMOR? OR CANCER?)
?t s3/6/1-50

Set	Items	Description
S1	690	CALMETTE/TI
S2	228	CALMETTE AND ADJUVANT?
S3	135	S2 AND (TUMOR? OR CANCER?)

?t s3/6/101-135

?t s3/7/19,23,27,64,70,73,91,98,100,106,108,115,125,130,135

3/7/19
DIALOG(R)File 155:MEDLINE(R)

08180660 92318660
Adjuvant immunotherapy in melanoma: a new approach. Elias EG; Tomazic VJ; Buda BS
Department of Surgery, University of Maryland, School of Medicine, Baltimore.
J Surg Oncol (UNITED STATES) Jul 1992, 50 (3) p144-8, ISSN 0022-4790 Journal Code: K79
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Patients with metastatic cutaneous melanoma to two or more regional lymph nodes have an extremely poor prognosis despite radical lymphadenectomy. In an attempt to improve the survival and to determine the safety of a new method of ***tumor*** specific ***adjuvant*** immunotherapy in such a high risk group of patients, nine patients were studied. Three to four weeks after regional lymphadenectomy, each of them received a single intradermal injection of Bacillus ***Calmette***-Guerin. Three weeks later, they were immunized by allogenic melanoma cells obtained from live donors with distant metastases. Each patient received three vaccinations, each from a different donor (except in one), to avoid development of HLA response, but maintaining exposure to melanoma antigens. No cultured melanoma cells were used. Each vaccine consisted of mitomycin-C treated ***tumor*** cells mixed with purified protein derivative (PPD) of tuberculin given intradermally once per month for 3 months. The patients were then observed with no further treatment. Utilizing the leukocyte migration inhibition test, there was some in vitro evidence of ***tumor*** specific cell mediated response which seemed to disappear 1-2 months postimmunization. At 5 years, five of the nine patients (55%) were alive free of disease. No autoimmune diseases were detected in any of the immunized patients. A major hindering factor for such an approach was the limited availability of the allogenic melanoma cells.

3/7/23
DIALOG(R)File 155:MEDLINE(R)

07843389 91362389
Intravesical Bacillus ***Calmette*** -Guerin treatment for superficial bladder ***cancer***: results after 15 years of experience. van der Meijden AP; Steerenberg PA; de Jong WH; Debruyne FM Department of Urology, University Hospital Nijmegen, The Netherlands. Anticancer Res (GREECE) May-Jun 1991, 11 (3) p1253-8, ISSN 0250-7005 Journal Code: 59L
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Superficial bladder ***cancer*** has a high recurrence rate and considerable progression rate. The treatment currently consists of resection and ***adjuvant*** intravesical chemotherapy or immunotherapy. Intravesical instillation of Bacillus ***Calmette***-Guerin (B.C.G.) is considered to be one of the most successful immunotherapies in man. Durable response rates of 60-70% are achieved. Toxicity is more pronounced in comparison with intravesical chemotherapy. In this article we describe the experience

with B.C.G. during the last 15 years. No consensus has been reached yet about the ideal treatment scheme, appropriate strain and optimal dosage. The mechanisms of action are complicated and still not completely understood.

3/7/27
DIALOG(R)File 155:MEDLINE(R)

07740164 91259164

Corynebacterium parvum versus bacille ***Calmette***-Guerin ***adjuvant*** immunotherapy of stage II malignant melanoma [see comments] Lipton A; Harvey HA; Balch CM; Antle CE; Heckard R; Bartolucci AA Department of Medicine, Milton S. Hershey Medical Center, Hershey, PA 17033.

J Clin Oncol (UNITED STATES) Jul 1991, 9 (7) p1151-6, ISSN 0732-183X Journal Code: JCO
Comment in J Clin Oncol 1992 Feb;10(2):345-6
Languages: ENGLISH
Document type: JOURNAL ARTICLE

Two separate studies have been reported comparing Corynebacterium parvum and bacille ***Calmette***-Guerin (BCG) as ***adjuvant*** immunotherapy for stage II melanoma patients (The Milton S. Hershey Medical Center, 48 patients; Southeastern ***Cancer*** Study Group [SECSG], 162 patients). As the criteria for patient selection and drugs used were similar, we have pooled the data to analyze the effects of these two treatments. Both studies used BCG (Tice, Chicago, IL) 3 x 10(8) live organisms per treatment by Tine technique and C parvum (Burroughs-Wellcome, Triangle Park, NC) subcutaneous at a dose of 4 mg/m2 (SECSG) or 5 micrograms/m2 (Hershey) per treatment. The only difference in these studies was the frequency of immunization, with patients in Hershey receiving 22 doses and the SECSG patients receiving 55 doses during the 2-year period of treatment. Kaplan-Meier life-table analysis for the 210 patients shows a prolonged disease-free interval for patients treated with C parvum (P = .02, two-sided Mantel procedure). In similar fashion, patients treated with C parvum had an improved survival rate (from all causes) when compared with BCG-treated patients (P = .012). An analysis of the results for the 170 patients for which the number of positive nodes was available was performed using Cox's model, with nodes as a stratification variable and with covariates of place, treatment, age, and sex. In this analysis, an observed benefit for C parvum on the disease-free interval had a P value of .37 while the benefit of C parvum on the survival times (from all causes) had a P value of .04. When the same analysis was performed using only patients aged younger than 60 years, the observed benefit of C parvum on disease-free interval had a P value of .08 and the benefit of C parvum on survival times (from all causes) had a P value of .008.

3/7/64
DIALOG(R)File 155:MEDLINE(R)

05500722 85116722

Natural killer cell activity in patients with prostatic carcinoma and its in vivo boosting with bacillus ***Calmette***-Guerin.

Schwemmer B; Lehmer A; Hofmann R; Braun J

Urol Int (SWITZERLAND) 1984, 39 (6) p321-6, ISSN 0042-1138 Journal Code: WRI
Languages: ENGLISH
Document type: JOURNAL ARTICLE

In patients with prostatic carcinoma, natural killer (NK) cell activity was monitored in a chromium release assay. Cells from the human myeloid cell line K 562 and from a human prostatic ***cancer*** cell line (PC 3) were used as target cells. Additionally, in vitro stimulation with beta-interferon was done in each sample. NK activity in patients with localized prostatic ***cancer*** was increased as compared to age-matched controls. Patients with advanced disease showed reduced levels of NK activity.

Furthermore, hormonally treated patients in relapse had significantly lower activity than patients in remission or with stable disease. Hormone therapy was without major influence on NK activity. BCG vaccination as an ***adjuvant*** immunotherapy was done in a small group of patients. Baseline NK activity and interferon-stimulated activity were enhanced by BCG in most cases.

3/7/70
DIALOG(R)File 155:MEDLINE(R)

05232314 84156314
Delayed cutaneous hypersensitivity to autologous ***tumor*** cells in colorectal ***cancer*** patients immunized with an autologous ***tumor*** cell: Bacillus ***Calmette***-Guerin vaccine.
Hoover HC Jr; Surdyke M; Dangel RB; Peters LC; Hanna MG Jr Cancer Res (UNITED STATES) Apr 1984, 44 (4) p1671-6, ISSN 0008-5472 Journal Code: CNF
Contract/Grant No.: N01-CO-23909
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The principles and procedures of active specific immunotherapy developed from studies with the inbred guinea pig hepatocarcinoma model were used as the basis of a randomized, controlled prospective trial of active specific immunotherapy of colorectal ***cancer*** patients. The goal was to determine whether colorectal ***cancer*** patients treated with vaccines made of autologous ***tumor*** cells plus Bacillus ***Calmette***-Guerin as ***adjuvant*** would have an increased reaction to their autologous ***tumor*** cells as measured by delayed-type cutaneous hypersensitivity (DCH) responses. Our results demonstrate that the active specific immunotherapy significantly increased the DCH responses to autologous ***tumor*** cells in 16 of 24 patients (67%). The DCH response of immunized patients to autologous normal mucosa, used as a normal tissue control, did not increase significantly. Furthermore, no significant DCH responses against autologous ***tumor*** or mucosa cells were detected in a group of nonimmunized control patients. The induced DCH responses were not correlated with other factors, such as the presence of bacteria in the cell preparation or the protein concentration of the cell preparations. The qualitative and quantitative differences in DCH responses to ***tumor*** cells and to normal mucosa cells suggest that the immunizations are targeted mainly to ***tumor***-associated antigens with tissue-associated antigens playing a secondary role.

3/7/73
DIALOG(R)File 155:MEDLINE(R)

05182226 84106226
Adjuvant chemotherapy with fluorouracil, doxorubicin, and cyclophosphamide, with or without Bacillus ***Calmette***-Guerin and with or without irradiation in operable breast ***cancer***. A prospective randomized trial.
Buzdar AU; Blumenschein GR; Smith TL; Powell KC; Hortobagyi GN; Yap HY; Schell FC; Barnes BC; Ames FC; Martin RG; et al
Cancer (UNITED STATES) Feb 1 1984, 53 (3) p384-9, ISSN 0008-543X Journal Code: CLZ
Contract/Grant No.: 1-CB-33888
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
Between May 1977 and April 1980, 238 patients with operable breast ***cancer*** were treated with ***adjuvant*** fluorouracil, doxorubicin, and cyclophosphamide (FAC) chemotherapy. All patients were randomized to receive FAC alone or FAC with nonspecific immunotherapy with Bacillus ***Calmette*** -Guerin (BCG) vaccine. A randomization for routine postoperative irradiation was included in the study in May 1978. At the median follow-up of 33 months, 53 patients had developed recurrent disease. Up to

the present time, there have been no significant differences in the disease-free survival of patients treated with FAC alone from those treated with FAC + BCG (P = 0.21). The disease-free survival for patients treated with and without routine postoperative irradiation was similar (P = 0.99). Disease-free survival of premenopausal and postmenopausal women was similar. The overall estimate of disease-free survival was 72% at 3 years.

3/7/91
DIALOG(R)File 155:MEDLINE(R)

04430299 81258299
Combination chemotherapy with and without the methanol-extracted residue of bacillus ***Calmette***-Guerin (MER) in extensive non-small-cell lung ***cancer*** : a prospective randomized study for the Piedmont Oncology Association.
Richards F 2d; Howard V; Shore A; Muss HB; White DR; Jackson DV; Cooper MR; Bearden J; Stuart JJ; Sartiano G; Rhyne AL; Spurr CL
Cancer (UNITED STATES) Jun 15 1981, 47 (12) p2827-32, ISSN 0008-543X Journal Code: CLZ
Contract/Grant No.: CA-19439; CA-12197; CA-03927
Languages: ENGLISH
Document type: JOURNAL ARTICLE
One-hundred-three patients with extensive non-small-cell lung ***cancer*** were entered into a prospective, randomized trial to determine the value of MER as an ***adjuvant*** to chemotherapy. Patients were stratified according to histology and performance status. All patients received CCNU, methotrexate, and Adriamycin with 48 patients also receiving MER. All patients had a performance status of 2 or less (less than 50% bedridden), 49% had prior radiation therapy, only one patient had prior chemotherapy, and all had extensive disease. Of the patients, 42% had epidermoid ***cancer***, 21% had large cell ***cancer*** , 32% had adenocarcinoma, and 4% had mixed adenosquamous or undifferentiated carcinoma. The response rates and response durations of the two treatment regimens were similar. Of the patients, 18% had an objective response; in 4% it was complete. An additional 29% had a stable response. Median duration of response ranged from 21 to 23 weeks. Median survival rates for non-MER and MER treatment groups were 21.5 and 18.6 weeks, respectively. The four complete responders have a survival of 24, 85, 86+, and 129 weeks. MER did not improve response for hematopoietic tolerance, was associated with significant morbidity, and was poorly tolerated. The value of immunotherapy in lung ***cancer*** remains to be established.

3/7/98
DIALOG(R)File 155:MEDLINE(R)

04103231 80214231
Comparison of the antitumor effects of a synthetic biopolymer and standard ***adjuvants***.
Falk RE; Makowka L; Nossal NA; Rotstein LE; Falk JA
Surgery (UNITED STATES) Jul 1980, 88 (1) p126-36, ISSN 0039-6060 Journal Code: VC3
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
The synthetic biopolymer NED 137 is capable of stimulating an immune response to ***tumor*** antigen. This article compares the efficacy of NED 137 to bacille ***Calmette*** -Guerin, Corynebacterium parvum, pyran, levamisole, and Freund's complete ***adjuvant*** in a rat ***tumor*** model where ***adjuvant*** treatment is administered after excision of subcutaneous ***tumor*** implants. A single intraperitoneal injection of NED 137 at 30 mg/kg body weight prolonged survival beyond 60 days with no evidence of recurrent or metastatic disease, whereas with the other ***adjuvants*** , animals survived a mean of 30 to 40 days with 100% local recurrence and a 60% to 90% incidence of pulmonary metastases. Use of NED 137 resulted in a greater lysis of ***tumor*** cells compared to other ***adjuvants*** when assessed in an in vivo 51Cr release assay. A phase I clinical study of high-risk

gastrointestinal ***cancer*** patients treated with NED 137 is reported at a median survival time of 23 weeks (103 patients). This group is compared to a historical control group from the same institution. No NED 137-related toxicity has been noted to date.

3/7/100
DIALOG(R)File 155:MEDLINE(R)

04021744 80132744
Treatment of advanced breast ***cancer*** with cyclophosphamide, 5-fluorouracil, and prednisone with and without methanol-extracted residue of BCG.
Britell JC; Ahmann DL; Bisel HF; Frytak S; Ingle JN; Rubin J; O'Fallon JR Cancer Clin Trials (UNITED STATES) Winter 1979, 2 (4) p345-50, ISSN 0190-1206 Journal Code: C8M
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
The value of immunotherapy as an ***adjuvant*** to chemotherapy for advanced breast ***cancer*** is an unsettled question. To clarify this issue, 71 women with measurable or evaluable metastatic breast ***cancer*** were randomized to receive cyclophosphamide, 5-fluorouracil, and prednisone (CFP) with or without methanol-extracted residue of Bacillus ***Calmette*** -Guerin (MER). The total regression rates were 52% (CFP) and 39% (CFP + MER), including complete regression rates of 13% (CFP) and 65% (CFP + MER). The median duration of regressions for CFP-treated patients was 257-261 days and for CFP + MER-treated patients was 385 days. The median time to progression was 248-261 days in the CFP group and 159 days in the CFP-MER group. Projected median survival for both treatment groups is 20 months. Immunotherapy (MER) as used in this study does not appear to augment regression rates or vurvival for patients with advanced breast ***cancer*** receiving CFP.

3/7/106
DIALOG(R)File 155:MEDLINE(R)

03812258 79189258
Adjuvant immunotherapy of lung ***cancer*** with BCG cell wall skeleton (BCG-CWS).
Yamamura Y; Sakatani M; Ogura T; Azuma I
Cancer (UNITED STATES) Apr 1979, 43 (4) p1314-9, ISSN 0008-543X Journal Code: CLZ
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Four hundred fifty-five patients with lung ***cancer*** were treated with oil-attached cell-wall skeleton of bacillus ***Calmette***-Guerin (BCG-CWS) as ***adjuvant*** immunotherapy following initial conventional therapy. The overall survival period of the patients was prolonged significantly as compared with that of 380 patients in a historical control group receiving initial conventional therapy alone (p less than 0.0001). The prolongation of the survival period of the patients was also statistically significant when classified according to clinical stages and histological cell types. The therapeutic effect was remarkable in patients combined with malignant pleurisy. Intrapleural injection of BCG-CWS resulted in not only prevention of accumulation of pleural effusion and abrogation of ***tumor*** cells but also in prolongation of survival period (P = 0.016). No serious side effects due to BCG-CWS were experienced. From the previous experimental studies and clinical experiences with human ***tumors*** , it can be concluded that ***adjuvant*** immunotherapy with BCG-CWS is a useful therapeutic modality for lung ***cancer***, especially in cases combined with malignant pleurisy.

3/7/108
DIALOG(R)File 155:MEDLINE(R)

03769641 79146641
Cancer immunotherapy.
Richman SP; Gutterman JU; Hersh EM
Can Med Assoc J (CANADA) Feb 3 1979, 120 (3) p322-4, 329, ISSN 0008-4409 Journal Code: CKW
Languages: ENGLISH
Document type: JOURNAL ARTICLE; REVIEW
Important contributions that stimulated studies in ***cancer*** immunotherapy included: (1) the discovery of tumour-associated antigens; (2) the observation that infection with bacille ***Calmette***-Guerin (BCG) in animals was protective against tumour challenge; and (3) the observation that immunodepression due either to malignant disease or to treatment of the disease, was, in some instances, related to prognosis. Immunotherapy trials with microbial agents have involved attempts to obtain a local effect by injecting the agent into the tumour or into the region of the tumour and to obtain a "systemic" effect distant from the site of injection. Trials with active specific immunotherapy involving tumour cells or tumour cell extracts have frequently involved the combination of these specific agents with a nonspecific ***adjuvant*** such as BCG. Recent studies with thymosin and levamisole in patients with lung ***cancer*** and other types of malignant disease have shown prolonged survival in the groups receiving immunotherapy. (36 Refs.)

3/7/115
DIALOG(R)File 155:MEDLINE(R)

03706957 79083957
Pharmacologic factors and manipulation of immunity systemic ***adjuvants*** in ***cancer*** therapy.
Mathe G; Florentin I; Olsson L; Bruley-Rosset M; Schulz J; Kiger N; Orbach-Arbouys S; Schwarzenberg L; Pouillart P; de Vassal F Cancer Treat Rep (UNITED STATES) Nov 1978, 62 (11) p1613-21, Journal Code: CNM
Languages: ENGLISH
Document type: JOURNAL ARTICLE; REVIEW
Because of the experimental and clinical studies which have been extensively conducted with bacillus ***Calmette*** -Guerin (BCG) as a systemic ***adjuvant*** in ***cancer*** immunotherapy, we have analyzed the main factors and conditions which determine its beneficial action and have underlined some of these (eg, the dose factor which controls the amplification of suppressor cells which is probably responsible for failures and even the possible ***tumor*** -enhancing effect of immunotherapy). Knowing those factors and conditions, we have been able to establish a systematic immunopharmacologic study of systemic immunity ***adjuvants*** , which has resulted in the discovery of agents whose actions are more rapid than that of BCG on one or a few populations of cells involved in immunity and which, unlike BCG, do not induce suppressor cell amplification. This amplification may explain the difference in the results obtained with this mycobacterium in various clinical immunotherapy trials in which it was applied differently. It is proposed to combine these mono- or pauc-functional ***adjuvants*** in order to try to obtain all of the beneficial effects of BCG without the amplification of suppressor cells. (93 Refs.)

3/7/125
DIALOG(R)File 155:MEDLINE(R)

03103323 77005323
Nonspecific macrophage activation by systemic ***adjuvants***. Evaluation by lysosomal enzyme and in vitro ***tumoricidal*** activities. Bruley-Rosset M; Florentin I; Khalil AM; Mathe G
Int Arch Allergy Appl Immunol (SWITZERLAND) 1976, 51 (5) p594-607, ISSN 0020-5915 Journal Code: GP9

Languages: ENGLISH
Document type: JOURNAL ARTICLE
Six systemic ***adjuvants***: living bacillus ***Calmette*** -Guerin (BCG), hydrosoluble extracts from BCG and from Mycobacterium smegmatis, bacterial lipopolysaccharide, lentinan and levamisole, have been tested for their ability to induce macrophage activation in mice. The first four ***adjuvants*** mentioned increase phosphatase activity of peritoneal macrophages and make them nonspecifically cytotoxic for ***tumor*** cells in vitro. The intensity of these phenomena vary with route and time of administration. In contrast, lentinan and levamisole depress both these macrophage activities. Living BCG, extracts from BCG and from M. smegmatis, and the lipopolysaccharide increase the cytotoxic potential of normal macrophages in vitro, suggesting that these agents may exert a direct action on macrophages. Levamisole did not activate normal macrophages in vitro. The existence of a correlation between the capacity of ***adjuvants*** to stimulate macrophage ***tumoricidal*** activity and their efficiency in active ***cancer*** immunotherapy is discussed.

3/7/130
DIALOG(R)File 155:MEDLINE(R)

02898468 76079468
Nonspecific immunotherapy of malignant ***tumors***.
Milas L; Withers HR
Radiology (UNITED STATES) Jan 1976, 118 (1) p211-8, ISSN 0033-8419 Journal Code: QSH
Languages: ENGLISH
Document type: JOURNAL ARTICLE; REVIEW
At present, nonspecific immunotherapy of malignant ***tumors*** seems to be the most promising among immunotherapeutic modalities. Potent nonspecific immunostimulants, Bacillus ***Calmette*** -Guerin (BCG) and Corynebacterium parvum, exhibit an antitumor activity in experimental animals, which is commonly manifested by reduced ***tumor*** growth and sometimes by complete regression of ***tumors***. Antitumor effectiveness of these bacteria is largely related to ***tumor*** immunogenicity and host immunocompetence. Recently, BCG has frequently been used for clinical immunotherapy and has provided therapeutic benefit in many instances, particularly when combined with chemotherapy, radiotherapy or surgery. Clinical experience with C. parvum is so far limited. (121 Refs.)

3/7/135
DIALOG(R)File 155:MEDLINE(R)

01639016 71184016
Suppression of ***tumor*** growth at the site of infection with living Bacillus ***Calmette***-Guerin.
Zbar B; Bernstein ID; Rapp HJ
J Natl Cancer Inst (UNITED STATES) Apr 1971, 46 (4) p831-9, ISSN 0027-8874 Journal Code: J9J
Languages: ENGLISH
Document type: JOURNAL ARTICLE
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E4 3 AU=MORTON DA
E5 55 AU=MORTON DB
E6 3 AU=MORTON DC
E7 6 AU=MORTON DE
E8 28 AU=MORTON DG
E9 12 AU=MORTON DH
E10 92 AU=MORTON DJ
E11 6 AU=MORTON DK
E12 413 AU=MORTON DL

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413 AU=MORTON DL
4359 BCG/TI
S4 15 AU="MORTON DL" AND BCG/TI
?t s4/6/1-15

4/7/2
DIALOG(R)File 155:MEDLINE(R)

04037032 80148032
Effect of ***BCG*** immunotherapy on alloantigen-induced blastogenesis and cytotoxicity of lymph node lymphocytes in patients with melanoma. Callery CD; ***Morton DL***; Golub SH
Surg Forum (UNITED STATES) 1979, 30 p152-4, ISSN 0071-8041 Journal Code: VB0
Languages: ENGLISH
Document type: JOURNAL ARTICLE

4/7/4
DIALOG(R)File 155:MEDLINE(R)

03240104 77142104
BCG immunotherapy of melanoma: results of a clinical trial. pp. 209-14.
Morton DL; Eilber FR; Holmes EC; Sparks FC; Ramming KP In: Lamoureux G, et al., ed. BCG in cancer immunotherapy. New York, Grune & Stratton, 1976. QZ 266 I611 1976. (UNITED STATES) Journal Code: IDM NLM Call No.: QZ 266 I611 1976
Languages: ENGLISH
Document type: CLINICAL TRIAL; MONOGRAPH

4/7/6
DIALOG(R)File 155:MEDLINE(R)

03207516 77109516
Results of ***BCG*** adjuvant immunotherapy for melanoma of the head and neck.
Eilber FR; Townsend CM Jr; ***Morton DL***
Am J Surg (UNITED STATES) Oct 1976, 132 (4) p476-9, ISSN 0002-9610 Journal Code: 3Z4

Languages: ENGLISH
Document type: JOURNAL ARTICLE
The present study was performed to determine if postoperative systemic BCG adjuvant immunotherapy would improve survival in patients with pathologic stage II melanoma of the head and neck. Seventeen of twenty-five (68 per cent) patients treated with BCG are free of disease, whereas only seven of seventeen (40 per cent) patients treated by radical neck dissection alone are free of disease. Clark's technic for determining the level of invasion of the primary lesion was used to predict the presence of metastatic tumor in regional lymph nodes. Results indicate that patients with pathologically confirmed lymph node metastases from melanoma of the head and neck benefit from postoperative BCG adjuvant immunotherapy.

4/7/8
DIALOG(R)File 155:MEDLINE(R)

03096644 76277644
In vitro monitoring of cellular function during ***BCG*** immunotherapy. Golub SH; Roth JA; Forsythe A; ***Morton DL***
Bibl Haematol (SWITZERLAND) Oct 1975, (43) p270-3, ISSN 0067-7957 Journal Code: 9SW
Languages: ENGLISH
Document type: JOURNAL ARTICLE

4/7/9
DIALOG(R)File 155:MEDLINE(R)

03013857 76194857
BCG immunotherapy as a systemic adjunct to surgery in malignant melanoma.
Morton DL; Eilber FR; Holmes EC; Sparks FC; Ramming K Med Clin North Am (UNITED STATES) May 1976, 60 (3) p431-9, ISSN 0025-7125 Journal Code: LU6
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Results of our study suggest that BCG systemic adjuvant immunotherapy may be effective for improving both the recurrence and survival rates in patients with regional metastases from malignant melanoma. BCG is more effective in patients with small amounts of subclinical disease. It is apparent from results of clinical trials that many of the principles derived from the study of animal tumor systems are applicable to human cancer in that immunotherapy is most effective for a small residual number of tumor cells. BCG treatment fulfills many of the ideal criteria for adjuvant treatment following surgery. It is relatively nontoxic; it is effective for disseminated melanoma; it has systemic activity in the adjuvant treatment of subclinical metastases. Hwever, until clinical trials are complete, this treatment as adjuvant therapy must be considered investigational.

4/7/12
DIALOG(R)File 155:MEDLINE(R)

02625144 75032144
Experimental and clinical trials with ***BCG*** immunotherapy. Sparks FC; Silverstein MJ; Hunt JS; O'Connell TX; Lee YT; Pilch YH; Haskell CM; ***Morton DL***
Johns Hopkins Med J Suppl (UNITED STATES) 1974, 3 p103-20, ISSN 0091-7400 Journal Code: JHS
Languages: ENGLISH
Document type: JOURNAL ARTICLE

4/7/13
DIALOG(R)File 155:MEDLINE(R)
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02600616 75007616
BCG immunotherapy of malignant melanoma: summary of a seven-year experience.
Morton DL; Eilber FR; Holmes EC; Hunt JS; Ketcham AS; Silverstein MJ; Sparks FC
Ann Surg (UNITED STATES) Oct 1974, 180 (4) p635-43, ISSN 0003-4932 Journal Code: 67S
Languages: ENGLISH
Document type: JOURNAL ARTICLE
?pause

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Ref	Items	Index-term
E1	1	AU=LIVINGSTON PJ
E2	9	AU=LIVINGSTON PM
E3	39	*AU=LIVINGSTON PO
E4	1	AU=LIVINGSTON PV
E5	49	AU=LIVINGSTON R
E6	4	AU=LIVINGSTON RA
E7	145	AU=LIVINGSTON RB
E8	2	AU=LIVINGSTON RC
E9	1	AU=LIVINGSTON RD JR
E10	6	AU=LIVINGSTON RH
E11	7	AU=LIVINGSTON RJ
E12	9	AU=LIVINGSTON RL

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?s e3 and gm2/ti

	39	AU=LIVINGSTON PO
	340	GM2/TI
S5	9	AU="LIVINGSTON PO" AND GM2/TI

?t s5/6/1-9

?t s5/7/6

5/7/6
DIALOG(R)File 155:MEDLINE(R)
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06973106 89275106
Antibody response after immunization with the gangliosides GM1, ***GM2*** , GM3, GD2 and GD3 in the mouse.
Livingston PO; Ritter G; Calves MJ
Memorial Sloan-Kettering Cancer Center, New York, NY 10021. Cancer Immunol Immunother (GERMANY, WEST) 1989, 29 (3) p179-84, ISSN 0340-7004 Journal Code: CN3

Contract/Grant No.: CA 28461; CA 43971
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The gangliosides GM2, GD2 and GD3 are differentiation antigens expressed on the cell surface of human melanomas and other cancers of neuroectodermal origin. We have compared the antibody response after vaccination with gangliosides GM1, GM2, GM3, GD2 and GD3 in the mouse. Purified gangliosides were injected subcutaneously alone or attached to Salmonella minnesota mutant R595 after pretreatment of the mice with low-dose cyclophosphamide. Spontaneous GM1 antibodies, but not antibodies against the other gangliosides, were detected in many mice, the incidence increasing with age. Purified gangliosides injected alone (in saline) induced no antibody response. R595/GM1 and R595/GD3 vaccination induced consistent high-titer antibody responses. R595/GM2 and R595/GD2 induced occasional antibody responses, and R595/GM3 induced no antibody response. Comparison of the antibody responses induced against these gangliosides in the mouse with those in man reveals that GM1, GM3 and GD2 have a similar immunogenicity in both species while the relative immunogenicity of GM2 and GD3 is reversed. To understand better the basis for these differences, the antibody responses against the five gangliosides in man and the mouse were compared with their known expression in normal tissues. No correlation was detected between ganglioside expression in normal brain and immunogenicity, consistent with this being a cloistered site. The antibody responses did correlate inversely with expression in normal non-brain human and murine tissues. Variations between species of ganglioside immunogenicity may reflect variations in ganglioside expression in normal tissues. ?t s5/7/7

5/7/7
DIALOG(R)File 155:MEDLINE(R)

06230237 87204237
Vaccines containing purified ***GM2*** ganglioside elicit ***GM2*** antibodies in melanoma patients.
Livingston PO; Natoli EJ; Calves MJ; Stockert E; Oettgen HF; Old LJ Proc Natl Acad Sci U S A (UNITED STATES) May 1987, 84 (9) p2911-5, ISSN 0027-8424 Journal Code: PV3
Contract/Grant No.: CA-36120; CA-08748
Languages: ENGLISH
Document type: JOURNAL ARTICLE
GM2, GD2, and GD3 gangliosides are expressed on the surface of human melanoma cells and represent potential targets for immunological control of melanoma growth by monoclonal antibodies and active immunization. The immunogenicity of GM2 was investigated by analyzing the humoral immune response of melanoma patients to vaccination with cell lines selected for high GM2 expression and with vaccines containing purified GM2. The whole-cell vaccine and vaccines containing purified GM2 and bacillus Calmette-Guerin (BCG) elicited GM2 antibody in a high proportion of patients, particularly in GM2/BCG-vaccinated patients pretreated with cyclophosphamide and given a GM2/BCG booster immunization. Vaccines containing purified GM2 and Salmonella minnesota R595 as the adjuvant were also effective, but only in patients pretreated with cyclophosphamide. GM2 antibodies in vaccinated patients were of the IgM class and were cytotoxic for GM2-positive targets in the presence of human complement. ?pause

>>> PAUSE started.
?s bcg/ti

>>> PAUSE ended.
S6 4359 BCG/TI
?s s6 and adjuvant?

4359 S6
32848 ADJUVANT?
S7 243 S6 AND ADJUVANT?

?t s7/6/1-50

?t s7/7/9,24,22,41

7/7/9
DIALOG(R)File 155:MEDLINE(R)

08749999 94064999
Pooled analysis of the efficacy of bacille Calmette-Guerin (***BCG***) immunotherapy in malignant melanoma.
Tan JK; Ho VC
Division of Dermatology, University of British Columbia, Ontario, Canada. J Dermatol Surg Oncol (UNITED STATES) Nov 1993, 19 (11) p985-90, ISSN 0148-0812 Journal Code: HZA
Languages: ENGLISH
Document type: JOURNAL ARTICLE; META-ANALYSIS
BACKGROUND. The trials of bacille Calmette-Guerin (BCG) as ***adjuvant*** therapy in malignant melanoma conducted over the preceding 2 decades have presented conflicting claims of efficacy. OBJECTIVE. Determination of the role of BCG immunotherapy in malignant melanoma. METHODS. Critical analysis of randomized clinical trials of stage I and II melanoma and all reported trials of intralesional and oral BCG in stage III melanoma was conducted. A literature search used the Medline data base (1966-1992);bibliographic reviews of relevant texts and pertinent articles. RESULTS. No significant benefit of BCG as postsurgical ***adjuvant*** therapy in stage I malignant melanoma was observed. Although two of seven trials in stage II melanoma demonstrated benefit with the addition of BCG, the trial with the greatest power in this series detected no difference in outcomes. In stage III malignant melanoma, there was no significant benefit with addition of BCG to various chemotherapeutic regimens. Oral BCG monotherapy produced complete responses in 6%, partial responses in 1%, and extended survival in 7% of patients. Objective responses were observed primarily in patients with intracutaneous non-visceral metastases. Pooled analysis of 15 non-controlled trials of intralesional BCG injections revealed complete responses in 19%, partial responses in 26%, and extended survival in 13% of patients with stage III melanoma. Objective responses to intralesional BCG were more likely in patients with solely cutaneous metastases, particularly intradermal lesions. CONCLUSION. Pooled analysis of non-placebo controlled trials of intralesional BCG for stage III malignant melanoma supports a trend to enhanced survival in patients with cutaneous non-visceral metastases.

7/7/24
DIALOG(R)File 155:MEDLINE(R)

07474592 90381592
Tumor-specific ***BCG*** therapy in colon cancer.
Hoover HC Jr; Hanna MG Jr
Division of Surgical Oncology, Massachusetts General Hospital, Boston 02114.
Cancer Invest (UNITED STATES) 1990, 8 (2) p281-2, ISSN 0735-7907 Journal Code: CAI
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL

7/7/22
DIALOG(R)File 155:MEDLINE(R)

07614479 91133479
The effect of ***BCG***-activated macrophages on the B-16 melanoma. Papilian-Todorutiu C; Risca R; Mulea R; Daicoviciu D
Department of Experimental Pathology, Oncological Institue, Cluj-Napoca, Romania.
Morphol Embryol (Bucur) (ROMANIA) Apr-Jun 1990, 36 (2) p129-34, ISSN 0377-5038 Journal Code: NJP
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The effects of BCG-activated lund and peritoneal macrophages on the development of the primary tumor and metastases of B-16 melanoma in C57B1 mice have been studied. The BCG-activated macrophages reduced significantly the incidence of metastases in all treated animals and prolonged the mean survival time only in mice with Winn type of neutralization test. The possible mechanisms implied in this biological process are discussed.

7/7/41
DIALOG(R)File 155:MEDLINE(R)

06289219 87263219
Immunological properties of antigen 60 of ***BCG***. Induction of humoral and cellular immune reactions.
Cocito C; Baelden MC; Benoit C
Scand J Immunol (ENGLAND) Jun 1987, 25 (6) p579-85, ISSN 0300-9475 Journal Code: UCW
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Antigen 60 (A60), a member of the thermostable macromolecular antigen family (TMA) and main component of old tuberculin and purified protein derivative (PPD), has been purified from the cytoplasm of Mycobacterium bovis BCG; its structure and metabolism have already been described. In the present paper, the action of A60 on humoral immunity has been analysed by an ELISA type immunoassay, and that on cellular immunity by the mouse footpad swelling test. Injection of very low A60 doses into unprimed mice produced an undetectable level of anti-A60 antibodies; the effect of a booster inoculation was not appreciable in the absence of incomplete Freund's ***adjuvant***, but was evident when the latter was added. Higher doses of the antigen produced an appreciable primary response, and a sharp and long-lasting secondary response, which had a 10-fold higher intensity in the presence of incomplete ***adjuvant*** . No detectable delayed hypersensitivity reactions were observed in unprimed mice after footpad injection of A60, whereas clear responses were elicited in primed mice. This effect was more pronounced when the footpad was injected after a secondary response than after a primary response, and it was invariably magnified by incomplete ***adjuvant*** . It is concluded that A60 is a powerful immunogen, which is able to induce primary and secondary responses and delayed hypersensitivity reactions, effects that are ***adjuvant*** -modulated and develop concurrently.
?t s7/6/51-100

?t s7/7/58,62,72,75,77,87,95,98

7/7/58
DIALOG(R)File 155:MEDLINE(R)

05558732 85174732
Immunology of ***BCG*** vaccine.
Fanning MM
Asian Pac J Allergy Immunol (THAILAND) Dec 1984, 2 (2) p262-71, ISSN 0125-877X Journal Code: ABB

Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE; REVIEW
(160 Refs.)

7/7/62
DIALOG(R)File 155:MEDLINE(R)

05385693 85001693
Adjuvant ***BCG*** immunotherapy for malignant melanoma. Paterson AH; Willans DJ; Jerry LM; Hanson J; McPherson TA Can Med Assoc J (CANADA) Oct 1 1984, 131 (7) p744-8, ISSN 0008-4409 Journal Code: CKW
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
A total of 199 patients with stage I malignant melanoma at Clark's level 3 to 5 of invasion were entered into a prospectively controlled randomized clinical trial that attempted to assess the value of local and systemic immunotherapy with BCG (bacille Calmette-Guerin) after surgery. The patients were randomly assigned, with stratification by Clark's level, to receive either routine follow-up or immunotherapy with BCG, administered intradermally with a Heaf gun around the site of wide excision and then given orally for 2 years. Intradermal administration of BCG was repeated after 1 year's oral therapy with BCG. Of the 99 patients in the treatment group 66 had Clark's level 3, 28 had level 4, and 5 had level 5 invasion. Of the 100 patients in the control group, 61 had level 3, 36 had level 4, and 3 had level 5 invasion. Other prognostic factors, such as sex, depth of invasion, histologic features, site of disease and type of surgery, were evenly distributed. There were 57 recurrences of the melanoma, 24 in the treatment group and 33 in the control group. However, this trend was not statistically significant ($p = 0.194$). The suggestion that BCG may reduce the likelihood of local/regional recurrence has not been confirmed with longer follow-up. There were 13 such recurrences in the BCG group, compared with 21 in the control group; the proportions of patients in each group who had such a recurrence were not significantly different. Of the 199 patients 41 died, 24 in the control group and 17 in the treatment group; again, this difference was not significant. While there may be minor activity in selected patients, there appeared to be no benefit from this form of ***adjuvant*** BCG therapy in patients with malignant melanoma.

7/7/72
DIALOG(R)File 155:MEDLINE(R)

05023007 83256007
A randomized trial of ***adjuvant*** ***BCG*** immunotherapy in head and neck cancer.
Taylor SG 4th; Sisson GA; Bytell DE; Raynor WJ Jr
Arch Otolaryngol (UNITED STATES) Aug 1983, 109 (8) p544-9, ISSN 0003-9977 Journal Code: 86O
Contract/Grant No.: CA 22620; CA25793
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
Fifty-two patients with locally advanced squamous cell cancer were entered into a randomized trial of BCG vaccine following definitive local therapy. Patients were stratified and randomized to receive BCG vaccine (25 patients) or no ***adjuvant*** immunotherapy (27 patients). The BCG vaccine therapy began two weeks following definitive therapy with 2 to 4 X 10(6) Tice strain BCG organisms given intradermally (ID) in alternating sides of the neck every two weeks six times, then every four weeks nine times. In addition, all patients received methotrexate prior to definitive therapy. Median duration of follow-up at the time of analysis was 41 months. Groups were balanced by sex, disease site and stage, histologic grade, and prior therapy. Thirteen (52%) of the BCG vaccine-treated group remain disease free v seven (26%) of the controls. Similarly, 17 (68%) of the BCG vaccine-treated group survived v 11 (41%) of the controls. We conclude

regional ID BCG vaccine increases disease-free and actuarial survival in this study population and ***adjuvant*** immunotherapy should be further explored in ear, nose, and throat cancer.

7/7/75
DIALOG(R)File 155:MEDLINE(R)

04984524 83217524
Adjuvant immunotherapy with ***BCG*** in stage II malignant melanoma.
Byrne MJ; Van Hazel G; Reynolds PM; Lemish WM; Holman CD J Surg Oncol (UNITED STATES) Jun 1983, 23 (2) p114-6, ISSN 0022-4790 Journal Code: K79
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
Forty-one patients were treated with BCG immunotherapy following block dissection of lymph nodes involved with malignant melanoma. A control group of similar patients who received no immunotherapy was drawn from a population consisting of all patients with malignant melanoma diagnosed in Western Australia in the period from January 1, 1975 to December 31, 1976. The disease-free survival and overall survival of BCG-treated patients were not different from that of the control group, who received no immunotherapy. The findings do not support the use of this type of immunotherapy as an ***adjuvant*** to surgery in the treatment of patients with stage II malignant melanoma.

7/7/77
DIALOG(R)File 155:MEDLINE(R)

04973268 83206268
Adjuvant ***BCG*** immunotherapy for stage I and II malignant melanoma.
Silver HK; Ibrahim EM; Evers JA; Thomas JW; Murray RN; Spinelli JJ Can Med Assoc J (CANADA) Jun 1 1983, 128 (11) p1291-5, ISSN 0008-4409 Journal Code: CKW
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
Initial ***adjuvant*** immunotherapy trials have demonstrated a greater disease-free interval in patients treated with bacille Calmette-Guerin (BCG) compared with historical controls. In this study 149 patients at high risk of recurrence after surgical treatment of local or regional malignant melanoma were given BCG for 2 years and were followed up for a median of 28 months from the start of immunotherapy. The 36 patients in the comparison group had a higher rate of recurrence than the patients treated with BCG, and the rate in the treatment group was close to that reported from a similar study at the University of California at Los Angeles. The relatively long disease-free interval for the high-risk comparison patients in this study suggests that the control groups at other centres may have included patients with unrecognized additional risk. The rates of survival in the Canadian treatment group were also comparable to those reported by other centres. However, reports of a favourable BCG-mediated pattern of recurrence could not be confirmed. Therefore, the routine use of ***adjuvant*** BCG immunotherapy is not recommended.

7/7/87
DIALOG(R)File 155:MEDLINE(R)

04835925 83068925
Bacillus calmette-guerin (***BCG***) ***adjuvant*** therapy in stage D prostate cancer.
Guinan P; Toronchi E; Shaw M; Crispin R; Sharifi R
Urology (UNITED STATES) Oct 1982, 20 (4) p401-3, ISSN 0090-4295 Journal Code: WSY

Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
Forty-two patients with advanced cancer of the prostate were prospectively randomized to receive either bacillus Calmette-Guerin (BCG) ***adjuvant*** immunotherapy plus conventional therapy or conventional therapy alone. Conventional therapy consisted of estrogens or observation. There was a statistically significant (P = less than 0.05) longer survival in the 21 BCG-treated patients (thirty-eight weeks) than in the 21 control patients (twenty-eight weeks). There was no mortality and minimal morbidity (pruritis at injection site) from the ***adjuvant*** immunotherapy. Interestingly, the quality of life, as measured by the number of infections, was significantly less (P = less than 0.05) in the immunotherapy-treated group.

7/7/95
DIALOG(R)File 155:MEDLINE(R)

04591253 82134253
Results of ***adjuvant*** ***BCG*** immunotherapy in malignant melanoma. Watzig V; Knopf B
Arch Geschwulstforsch (GERMANY, EAST) 1981, 51 (6) p493-6, ISSN 0003-911X Journal Code: 746
Languages: ENGLISH
Document type: JOURNAL ARTICLE
98 stage I melanoma patients and 16 stage II melanoma patients were included in this BCG immunotherapy trial. The postoperative treatment was performed by a high dose of BCG (Jena strain) administered by scarification with an intensive schedule. Compared to a similar historical control group treated by surgery alone (69 cases), the stage I melanoma patients showed a significantly improved recurrence rate and survival rate. In stage II melanoma patients we cannot prove any therapeutical effect of BCG therapy.

7/7/98
DIALOG(R)File 155:MEDLINE(R)

04575735 82118735
Variations in the intensity of ***BCG*** -potentiated alloimmune anti-tumor responses: the differential stimulation of T-cell subpopulations.
Davies M; Sabbadini E; Kendall L
Immunobiology (GERMANY, WEST) 1981, 160 (3-4) p311-20, Journal Code: GH3
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The interexperimental variation often observed following the repeated monitoring of immune phenomenon was analysed using the alloimmune cellular response that developed in the spleens of B6AF mice following a challenge with Mastocytoma P815-X2 and intervention with BCG. The response, mediated solely by T cells, could be defined in terms of the involvement of nylon-wool adherent and nonadherent T cells. The relative contribution of each cell type to the response was found to vary considerably and could be use to define the interexperimental variation. Hence when a given treatment resulted in a poor response, the major contributors were nonadherent to nylon-wool, while when the same treatment yielded a good response, adherent cells became the predominant contributors. It was concluded that the inter-experiment variations observed here were a biological event, rather than an experimental artefact, being a function of the relative contribution of different T-cell subpopulations.
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?s (tumor(w)vaccine? or tumour(w)vaccine?)/ti and hapten?/ti
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63953 TUMOR/TI
19035 VACCINE?/TI
50 TUMOR/TI(W)VACCINE?/TI
12461 TUMOUR/TI
19035 VACCINE?/TI
3 TUMOUR/TI(W)VACCINE?/TI
2020 HAPTEN?/TI
S8 0 (TUMOR(W)VACCINE? OR TUMOUR(W)VACCINE?)/TI AND HAPTEN?/TI ?s (tumor(w)vaccine? or tumour(w)vaccine?) and hapten?

245077 TUMOR
58796 VACCINE?
122 TUMOR(W)VACCINE?
44419 TUMOUR
58796 VACCINE?
9 TUMOUR(W)VACCINE?
7683 HAPTEN?
S9 1 (TUMOR(W)VACCINE? OR TUMOUR(W)VACCINE?) AND HAPTEN? ?t s9/7/1

9/7/1
DIALOG(R)File 155:MEDLINE(R)

07397784 90304784
Active specific immunotherapy of a murine mammary adenocarcinoma using a synthetic tumor-associated glycoconjugate.
Fung PY; Madej M; Koganty RR; Longenecker BM
Department of Immunology, University of Alberta, Edmonton, Canada. Cancer Res (UNITED STATES) Jul 15 1990, 50 (14) p4308-14, ISSN 0008-5472 Journal Code: CNF
Languages: ENGLISH
Document type: JOURNAL ARTICLE
A synthetic tumor-associated glycoconjugate (S-TAG) "vaccine" formulation was developed for active specific immunotherapy of a murine mammary adenocarcinoma (TA3-Ha). An S-TAG composed of the Thomsen Freidenreich ***hapten*** coupled to a conventional carrier protein (keyhole limpet hemocyanin) and emulsified in Ribi adjuvant, when administered s.c. (in four doses at 3 to 6 days apart) into hosts bearing TA3-Ha tumors, provided 25% long-term survival. When administration of this synthetic glycoconjugate was preceded by treatment with cyclophosphamide (100 mg/kg i.v.), 50% long-term survival was observed for hosts in which the tumor had been established for 5 days and up to 90% long-term survival for groups of mice with tumors established for 1 to 2 days. In contrast, a significantly (P less than 0.025) lower level of survival was observed when cyclophosphamide treatment was preceded by active immunizations with the S-TAG ***tumor*** ***vaccine***. Surviving tumor-challenged mice that had been treated with cyclophosphamide and the S-TAG vaccine had relatively good IgG antibody and delayed-type hypersensitivity responsiveness to the synthetic Thomsen Friedenreich determinants. About 30% of these animals were also able to resist and sustain long-term survival when rechallenged with a high dose (1 x 10(4] of TA3-Ha tumor cells. Lymph node cells obtained from surviving animals were highly inhibitory to tumor growth in a Winn-type assay.
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File 155:MEDLINE(R) 1966-1995/May W3

*File 155: The annual reload is now available.

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?e hoover hg

Ref   Items  Index-term
E1       31  HOOVER
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E6       86  HOOVES
E7        1  HOOWEVER
E8        2  HOOYKAAS
E9        1  HOOYKAAS PJ
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E7        3  AU=HOOVER JA
E8        1  AU=HOOVER JC
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E12      17  AU=HOOVER JJ

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?s e3

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?s s2 and colorectal/ti

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?t s3/6/1-6
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DIALOG(R)File 155:MEDLINE(R)

05508260 85124260
Prospectively randomized trial of adjuvant active-specific immunotherapy for human ***colorectal*** cancer.
Hoover HC Jr; Surdyke MG; Dangel RB; Peters LC; Hanna MG Jr Cancer (UNITED STATES) Mar 15 1985, 55 (6) p1236-43, ISSN 0008-543X Journal Code: CLZ
Contract/Grant No.: NO1-CO-23909
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL
Over the last four years a guinea pig model of active-specific immunotherapy (ASI) with a syngeneic tumor cell:bacillus calmette-Guerin (BCG) vaccine was translated into a prospectively randomized, controlled clinical trial in patients with colorectal cancer. Primary tumors from patients undergoing standard surgical resection were dissociated enzymatically and cryopreserved by techniques that maintain cell viability. Patients with transmural extension of tumor or nodal metastases were randomized into groups treated by resection alone (control) or resection plus ASI. With a mean follow-up of 28 months (range, 14-24), only 3 of 20 treatment patients had recurrences and none have died, whereas 9 of 20 control patients had recurrences and 4 died. These differences are statistically significant and are sufficiently encouraging to warrant expansion of these studies into other research centers.
?t s3/7/6

3/7/6
DIALOG(R)File 155:MEDLINE(R)

05232314 84156314
Delayed cutaneous hypersensitivity to autologous tumor cells in ***colorectal*** cancer patients immunized with an autologous tumor cell: Bacillus Calmette-Guerin vaccine.
Hoover HC Jr; Surdyke M; Dangel RB; Peters LC; Hanna MG Jr Cancer Res (UNITED STATES) Apr 1984, 44 (4) p1671-6, ISSN 0008-5472 Journal Code: CNF
Contract/Grant No.: N01-CO-23909
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The principles and procedures of active specific immunotherapy developed from studies with the inbred guinea pig hepatocarcinoma model were used as the basis of a randomized, controlled prospective trial of active specific immunotherapy of colorectal cancer patients. The goal was to determine whether colorectal cancer patients treated with vaccines made of autologous tumor cells plus Bacillus Calmette-Guerin as adjuvant would have an increased reaction to their autologous tumor cells as measured by delayed-type cutaneous hypersensitivity (DCH) responses. Our results demonstrate that the active specific immunotherapy significantly increased the DCH responses to autologous tumor cells in 16 of 24 patients (67%). The DCH response of immunized patients to autologous normal mucosa, used as a normal tissue control, did not increase significantly. Furthermore, no significant DCH responses against autologous tumor or mucosa cells were detected in a group of nonimmunized control patients. The induced DCH responses were not correlated with other factors, such as the presence of bacteria in the cell preparation or the protein concentration of the cell preparations. The qualitative and quantitative differences in DCH responses to tumor cells and to normal mucosa cells suggest that the immunizations are targeted mainly to tumor-associated antigens with tissue-associated antigens playing a secondary role.
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      13111 CANCER
      10450 TUMOR
      58521 IRRADIAT?
L1      885 (CANCER OR TUMOR)(P)(IRRADIAT?)

=> s l1 and melanoma
       1949 MELANOMA
L2      104 L1 AND MELANOMA

=> s l2 and cyclophosphamide
        934 CYCLOPHOSPHAMIDE
L3       14 L2 AND CYCLOPHOSPHAMIDE

=> t l3 1
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1. 5,395,924, Mar. 7, 1995, Blocked lectins; methods and affinity support for making the same using affinity ligands; and method of killing selected cell populations having reduced non-selective cytotoxicity; Walter A. Blattler, et al., 530/396; 424/178.1, 182.1; 530/370, 389.2, 391.7, 402, 408, 409 [IMAGE AVAILABLE]

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=> s l1 and hapten
       1842 HAPTEN
L4       17 L1 AND HAPTEN

=> s irratat?(p)tumor(p)hapten
         22 IRRATAT?
      10450 TUMOR
       1842 HAPTEN
L5        0 IRRATAT?(P)TUMOR(P)HAPTEN

=> s irradiat?(p)tumor(p)hapten
      58521 IRRADIAT?
      10450 TUMOR
       1842 HAPTEN
L6        3 IRRADIAT?(P)TUMOR(P)HAPTEN
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APS updated 3-25-95